

ISSUE SLIP STAFF REPORT (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	YG	956	12/12/00
RESPONSE FORMALITY REVIEW	SS	577	04-23-01

1662  
12/12/00

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12-12-00
2	✓	✓	12-12-00
3	✓	✓	12-12-00
4	✓	✓	12-12-00
5	✓	✓	12-12-00
6	✓	✓	12-12-00
7	✓	✓	12-12-00
8	✓	✓	12-12-00
9	✓	✓	12-12-00
10	✓	✓	12-12-00
11	✓	✓	12-12-00
12	✓	✓	12-12-00
13	✓	✓	12-12-00
14	✓	✓	12-12-00
15	✓	✓	12-12-00
16	✓	✓	12-12-00
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18	✓	✓	12-12-00
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20	✓	✓	12-12-00
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42	✓	✓	12-12-00
43	✓	✓	12-12-00
44	✓	✓	12-12-00
45	✓	✓	12-12-00
46	✓	✓	12-12-00
47	✓	✓	12-12-00
48	✓	✓	12-12-00
49	✓	✓	12-12-00
50	✓	✓	12-12-00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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